



## Application Data Sheet

### Application Information

Application Type::	Divisional
Subject Matter::	Utility
Title::	ULTRASONIC MEDICAL DEVICE AND ASSOCIATED METHOD
Attorney Docket Number::	W07-511
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	15
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	J.
Family Name::	WILK
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	475 E. 72 <sup>nd</sup> St., Suite 1L

City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10021

## **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name:: J.  
Family Name:: NOHARA  
City of Residence:: Fonthill  
State or Province of Residence:: Ontario  
Country of Residence:: CA  
Street of mailing address:: 71 Millbridge Cr.  
City of mailing address:: Fonthill  
State or Province of mailing address:: Ontario  
Postal or Zip Code of mailing address:: L0S 1E1

## **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: WEBER  
City of Residence:: Dundas

State or Province of Residence:: Ontario  
Country of Residence:: CA  
Street of mailing address:: 6 Briar Lane  
City of mailing address:: Dundus  
State or Province of mailing address:: Ontario  
Postal or Zip Code of mailing address:: L9H 6E8

## Correspondence Information

Name: R. Neil Sudol  
Street of mailing address:: 714 Colorado Avenue  
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## Representative Information

Representative Customer Number::	28156	
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/514,928	02/28/00

## **Assignment Information**

Assignee name:: WILK ULTRASOUND OF CANADA, INC.

Street of mailing address:: 130 Adelaide Street West, Suite 1010

City of mailing address:: Toronto

State or Province of  
mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of  
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